Subject: Child Protective Services Intake Decisions

Supersedes: DCS 14.2, 01/01/02

Local Policy: Yes
Local Procedures: Yes
Training Required: No
Applicable Practice Model Standard(s): Yes

Approved by: 

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Application

To All Department Of Children's Services Child Protective Services Case Managers, Team Leaders, Team Coordinators, And Regional Administrators

Authority:

TCA 37-1-401 et Seq. ; 37-1-601 et. Seq.; 37-5-105; 37-5-106; 37-5-107

Policy

The Department of Children's Services (DCS) shall receive reports alleging child abuse or neglect to protect the safety of children, to ensure the confidentiality of persons who report abuse or neglect, to gather sufficient information to determine whether children may be at risk of abuse or neglect, and to inform the Juvenile Court authorities and the District Attorney General (when applicable) of the allegations.

Procedures

A. Availability to receive reports

DCS Central Intake must ensure that staff is available to receive reports alleging child abuse or neglect twenty-four (24) hours per day, seven (7) days per week.

B. Mandate to report child abuse/ neglect in Tennessee

Anyone who suspects or has knowledge that a child is being abused or neglected is mandated to make the report to the Department of Children's Services.

C. Information to be gathered

DCS Central Intake staff shall determine whether the report contains an allegation of harm or imminent risk of harm to the child by gathering the following information that includes:

1. Identifying demographic information such as names, dates of birth, addresses and relationships, (**social security numbers must <u>never</u> be used in a CPS intake**) of persons named in the report;

2. Nature of the harm or specific incidents that precipitated the report;

3. Details of any physical evidence available, such as the child's injuries, behaviors, and environmental conditions;

4. The alleged perpetrator's current access to the child;

5. How long and/or how many times the child has been subjected to the abuse or neglect and any knowledge of prior injuries;

6. The present medical, physical or emotional condition of the child;

7. The parent's or alleged perpetrator's current emotional, physical, or mental state, especially feelings about the child and reactions to the report;

8. Any child with special needs or vulnerabilities;

9. Any history of substance abuse, criminal behavior, CPS involvement or domestic violence involving the parent or alleged perpetrator;

10. Any concerns regarding the safety of the CPS staff who shall investigate;

11. How the reporter came to know the information; and

12. The reporter's concerns about the likelihood of further harm to the child, particularly if the reporter has professional expertise in the area of child abuse and neglect.

13. Does the reporter know of anyone else who has knowledge of the abuse/neglect?

D. Documentation

The information above as well as all subsequent actions and information within this policy shall be documented in the TN Kids intake screen, or on form *CS-0680*, *Child Protective Services Intake* when the TN Kids system is unavailable.

E. Criteria for CPS investigation

DCS staff shall determine whether the report meets the following criteria necessary to initiate a CPS investigation:

1. Age of the Child

a) The report pertains to allegations of abuse or neglect of a child from birth to the age of 18 years, at the time of the report, or

b) The report pertains to allegations of sexual abuse of a child under the age of 13, or alleged sexual abuse that occurred prior to the child turning 13. (This would only apply to children still under the age of 18.)

c) The report pertains to allegations of sexual abuse of a child between 13 and 18 years old whose alleged abuser is a parent, caretaker, relative, or other person living in the home; educator, volunteer or employee of an educational/recreational/organizational setting who is responsible for the child; or any individual providing treatment, care, or supervision for the child.

- ♦ Reports on children 13 to 18 years old who allegedly have been sexually abused by a non-caretaker, shall be referred by DCS to law enforcement officials.

d) All allegations regarding children in DCS custody shall be investigated.

2. Relationship

To accept a report of allegations of abuse or neglect for investigation, DCS staff must ascertain that the alleged perpetrator is a parent or caretaker, relative or person living in the home. (*See definition for caretaker in the glossary section at the end of this policy. This definition applies to each section of this policy in which the term "caretaker" is used.)*

Exception: The following are exceptions to the relationship requirements:

a) The relationship criteria do not apply in circumstances involving the alleged sexual abuse of a child under thirteen (13). DCS shall accept reports alleging sexual abuse of children under thirteen (13) regardless of the relationship between the child and the alleged perpetrator, or if the abuse happened prior to the child

turning 13 (and the child victim is still under the age of 18).

b) DCS shall accept reports alleging abuse or neglect of children from birth to age eighteen (18), who are in state custody, including victims of sexual abuse regardless of the relationship of the child to the alleged perpetrator.

c) DCS shall accept reports alleging sexual abuse when the reporter is unsure about the identity and relationship of an alleged perpetrator.

3. Nature of allegations

DCS shall accept a report if the information given by the reporter generally describes or constitutes at least one (1) of the allegations of harm identified in *Section F*. For each alleged victim, one or more of the allegations listed and the identity of the perpetrator, if known must be documented.

F. Allegations of harm

1. **Physical abuse**

a) Physical abuse is defined as non-accidental physical trauma or injury inflicted by a parent or caretaker on a child. Physical abuse also includes a parent or caretaker's failure to protect a child from another person who perpetrated physical abuse on a child. Physical abuse is considered when an injury goes beyond temporary redness (e.g., a bruise, broken bone, cut, burn etc.). In its most severe form, physical abuse is likely to cause great bodily harm or death.

b) This definition may also include injuries received due to parental behavior i.e., domestic violence (when a child is struck intentionally or unintentionally by an object or by a caretaker).

c) Physical abuse should not be confused with developmentally appropriate, discipline-related marks and bruises on the buttocks or legs of children 6 years of age and older when there are no developmental or physical delays, past history of abuse or recent (within the past year) screened-out reports.

d) Physical abuse shall be considered as a possibility when a child is allegedly struck on parts of the body in such a way that could result in internal injuries.

d) Munchausen Syndrome by Proxy could be considered

physical abuse or psychological abuse.

2. **Substantial risk of physical abuse**

   a) Substantial risk of physical abuse is a situation in which the child has not suffered abuse but whose caretaker's conduct and behavior suggest a great likelihood that abuse shall occur. This definition applies to situations in which the parent or caretaker has been indicated or convicted of violent crimes against persons, especially children, as verified through police reports or other reliable sources of information. (This definition also applies to circumstances in which there is danger of harm to the child due to domestic violence or other circumstances which could result in harm to the children i.e., guns lying within reach of small children in the home, also includes siblings or other children in the home who may be at risk due to an unexplained and suspicious death of a child in the home.)

   b) Substantial risk of physical abuse also occurs when a parent or caretaker knowingly allows a person as described in this definition to have unsupervised access to the child.

3. **Drug exposed infant**

   a) This allegation pertains to children who, at the time of their birth have had prenatal exposure to a drug or chemical substance (e.g., alcohol, cannabis, hallucinogens, stimulants, sedatives, narcotics, or inhalants), as verified by a positive drug screen, or other visible signs of mother or child and by a medical professional, or by admission by the mother of her prenatal drug or chemical use.

   b) Parents/caretakers use of drugs or chemical substances impairs the parent/caretaker's ability to meet child-care responsibilities.

4. **Drug exposed child**

   This allegation pertains to a child who has been exposed to a drug or chemical substance that could adversely affect his/her physical, mental, or emotional functioning. This includes but is not limited to the following situations:

   a) Drugs or chemical substances are administered to or given to children (The manufacturing of

methamphetamine in a home where children are, is always considered severe abuse.);

b) Children exposed to or living in an environment where drugs or chemical substances are manufactured; or

c) Parents/caretakers use of drugs or chemical substances impairs the parent/caretaker's ability to meet child-care responsibilities.

5. **Environmental neglect**

Environmental neglect involves a living situation either inside or outside the residence that is dangerous or unhealthy. The situation described can cause harm or significant risk of harm to the child(ren) in the home. The child's age and developmental status must be considered when evaluating the impact of the environmental condition of the child. The following are some examples of environmental situations:

- Leaking gas from stove or heating unit;
- Substances or objects accessible to the child that may endanger health/safety;
- Open/broken/missing windows;
- Structural hazards such as caving roof, holes in floor or walls, etc.;
- Exposed electrical wires;
- Children lack clothing so that they are dangerously exposed to the elements, for example, not having shoes or warm clothes for winter;
- Excessive garbage or rotted or spoiled food, which threatens health;
- Serious illness or significant injury has occurred due to living conditions and these conditions still exist (for example, lead poisoning, rat bites);
- Evidence of human or animal waste in the living quarters; and
- Insect or rodent infestation.

6. **Nutritional neglect**

a) Nutritional neglect is defined as a parent or caretaker's failure to provide adequate nutrition to a child. Nutritional neglect occurs when children repeatedly experience hunger for hours or a large part of the day, and no food is available. These behaviors may include begging from neighbors for food, eating out of garbage cans, coming to school hungry, or constantly stating a need for food.

b) In its more severe form, nutritional neglect is the failure to feed a child that results in poor growth which may include; the child's weight, height and head circumference falling significantly below the growth rates of average children, malnutrition and non-organic failure to thrive.

7. **Medical neglect**

a) Medical neglect refers to situations in which children do not receive adequate health care, resulting in actual or potential harm. Medical maltreatment does not pertain to elective or optional health care or treatment. It applies to procedures or treatment that a physician or other health, medical or professional deems medically necessary. Medically necessary may also include such treatment as speech therapy and psychological treatment.

b) Medical neglect may rise to the level of severe child abuse if the absence of medical care endangers the life of the child or is likely to result in severe impairment.

8. **Educational neglect**

Educational neglect pertains to repeated failure of the caretaker to meet the child's educational needs. This applies to children who are legally mandated to be in an educational program through 18 years of age. When applying this allegation to children 12 and over, it should only be considered after the inability of the school and the Family Crisis Intervention Program (FCIP) to engage the caretaker to improve the child's school attendance. This allegation applies to failure to enroll a child in school or failure to register a home-schooled child with the Board of Education. This allegation is not appropriate for reports of children who willfully refuse to attend school.

9. **Lack of supervision**

a) When a parent or caretaker leaves a child unattended and places the child in a situation that requires actions

beyond the child's level of maturity, physical ability, and/or mental ability; or

b) Caregiver inadequately supervising child. The caregiver is with the child but is unable or unwilling to supervise (e.g., the caregiver is under the influence of alcohol or drugs, is depressed, sleeps during the day, or has inadequate parenting knowledge or skills).

10. **Abandonment**

a) Abandonment occurs when a child's parent or caretaker has willfully made himself or herself unavailable to participate in any parental responsibilities or decision making; or

b) When the parent's or guardian's whereabouts have been unknown for a period of time and no contact has been maintained with the child or the substitute caretaker; or

c) Child left in the care of a suitable caregiver but without proper planning or consent. The caregiver leaves the child but does not return when scheduled or has a history of leaving the child without providing essentials for care (e.g., diapers).

11. **Sexual abuse**

a) Child sexual abuse occurs when:

- Force or coercion is used.
- Consent is not possible (e.g. incapacitation by virtue of drugs, alcohol or disability).
- The target is a child. Children are presumed unable to give informed consent to sexual relationships with adults.

b) Sexually motivated behavior includes intentional acts that produce sexual arousal or gratification. These include:

- Explicit sexual acts; sexual penetration, (vaginal, oral, anal, digital, and/or with an object), sexual touching -intentional contact with genitals, buttocks or breasts and sexual kissing. This also includes when adolescents or adults instruct children to engage in such behaviors with each other.

- ♦ Indecent exposure and voyeurism.
- ♦ Intentionally exposing child to sexually explicit material.

c) Sexual exploitation—this term refers to sexual behaviors or situations in which the motivation may or may not be sexual, but there is a clear sexual component such as;

- ♦ Taking pictures or videos of children engaging in sexual activities or in sexually explicit poses.
- ♦ Making children available to others for sexual purposes.
- ♦ The sexual gratification or benefit of an adult, or the manufacturing or distributing child pornography. Sexual abuse is also the sexual use of a child for prostitution.

d) Child sexual abuse is also the willful failure of the child's caretaker to stop child sexual abuse by another person.

e) All allegations of sexual abuse are considered to be allegations of severe abuse.

f) Child/Child-Sexual abuse - is penetration or intentional touching of a child's intimate parts, oral intercourse, indecent exposure or any other sexual act performed in a child's presence for sexual gratification by one minor child against another minor child when the activity is inconsistent with acceptable developmental sexuality. (See definition in policy glossary for normal childhood sexual behavior.)

12. **Substantial risk of sexual abuse**

a) Substantial risk of sexual abuse is a situation in which a child is accessible to a person previously convicted or indicated for child sexual abuse in any jurisdiction. This definition also applies to the person who knowingly allows a person as described in this definition to have unsupervised contact with a child.

b) Substantial risk of sexual abuse is also sexually explicit conversation between an adult and a child and may or may not include sexually suggestive touching.

c) When a person is being currently investigated for sexual abuse and the investigation is not completed or

classified, this allegation can be applied.

d) When a report is received regarding a child or adult who alleges a person molested them or someone they know and the alleged perpetrator has current access to any children.

13. **Psychological harm**

A repeated pattern of caregiver behavior or extreme incident(s) that convey to children that they are worthless, flawed, unloved, unwanted, endangered, or only of value in meeting another's needs. It includes both abusive acts against a child and failure to act—neglectful behavior, when appropriated is required for a children's healthy development e.g. when a child is shown no affection. It can occur as part of an extreme one-time incident, (e.g., a parent frustrated about continual bed-wetting forces a six (6) year old to wear diapers in the neighborhood), but is usually chronic. Some types of psychological harm might include:

a) Psychological harm pertains to an injury to a child by a caregiver that impairs his/her intellectual, emotional or psychological development.

b) Verbal and non-verbal caregiver acts that reject and degrade a child; belittling, degrading, shaming ridiculing.

c) Terrorizing; including caregiver behavior that threatens or is likely to physically hurt, kill, abandon or place the child or child's siblings, toys or objects in recognizable dangerous positions or situations to terrorize the child.

d) Isolating that includes caregiver behaviors that consistently deny the child opportunities to meet needs for interacting or communicating with peers or adults inside or outside the home. Confining the child or placing unreasonable limitations on the child's freedom of movement within his or her environment.

Note: Anyone can make a report of psychological harm. At the point of classification, a supporting psychological evaluation may be needed to substantiate this allegation. A report of concern regarding psychological harm does not have to come from a professional.

14. **Child fatality**

a) Any unexplained death of a child when the cause of death is unknown or pending an autopsy report.

b) Any child death caused by abuse resulting from direct action of the child's caretaker **or** the consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child fatalities are always treated as severe child abuse.

c) Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

G. Designation as severe child abuse

1. Harm may occur in such a severe form that it meets the legal definition of severe child abuse, as defined below. At intake, the CPS case manager may have insufficient information to assess the severity of the allegations; however, the final assessment of severity is made at the classification phase.

2. *Tennessee Code Annotated 37-1-102(21) defines **severe child abuse** as:*

   a) *The knowing exposure of a child to or the knowing failure to protect a child from conditions of brutality, abuse or neglect that are likely to cause great bodily harm or death and the knowing use of force on a child that is likely to cause great bodily harm or death*.

   b) *Specific brutality, abuse, or neglect towards a child which in the opinion of qualified experts has caused or shall reasonably be expected to produce severe psychosis, severe neurotic disorder, severe depression, severe developmental delay or retardation, or severe impairment of the child's ability to function adequately in his environment, and the knowing failure to protect a child from such conduct*.

   c) *The commission of any act towards the child prohibited by §§39-13-502 – 39-13-504, 39-13-510, 39-13-522, 39-15-302, and 39-17-1005 or the knowing failure to protect the child from the commission of any such act towards the child.*

   d) *Knowingly allowing a child to be present within a structure where the act of creating methamphetamine, as that substance is identified in §39-17-408(d)2, is occurring.*

3. Examples of severe child abuse include but are not limited

to non-organic failure to thrive, broken bones, brain or spinal cord injuries, and deep and penetrating wounds determined to be severe by a physician, 2nd and 3rd degree burns, and deep and penetrating contusions determined to be severe by a physician. Severe child abuse also includes exposure to the process of manufacturing Methamphetamine in clandestine home laboratories, neglect that could result in severe injury or death or repeated incidents of physical abuse that could result in severe impairment as described in *Section 2, a)* above.

H. Assurances to persons reporting

DCS staff may advise persons making a report of alleged child abuse or neglect that:

1. The reporter's identity is confidential.

2. CPS staff may make follow-up contacts with the person making the report.

3. The reporter is free from civil and criminal liability for reports of suspected child abuse or neglect made in good faith.

4. The reporter is free from detrimental change in employment status for reports of suspected child abuse or neglect made in good faith.

5. If the reporter wants to be advised of the screening decision, by letter, he or she must provide a name and address. The person taking the intake call must ask the reporter if they want to be notified of the screening decision.

I. Preliminary screening

1. Central Intake staff shall search the TN Kids database for prior information on the child, parents, caretakers or alleged perpetrators (and any possible aliases) named in the report.

2. This report should occur prior to the assignment of the report. If the call clearly constitutes a need for emergency response, Central Intake staff shall report immediately to the Team Leader/designee prior to completion of the search.

J. Intake notifications to juvenile court judge

1. Each region/county shall ensure daily notification to the Juvenile Court Judge in each judicial jurisdiction of all child abuse or neglect intake reports.

2. To meet this mandate local procedures shall be written and

placed on file in the local office, according to the guidelines for local policies and procedures in the *DCS Policy Development Manual, Local Policy Format*.

3. At a minimum the report on each case shall include:

   a) Date received,

   b) Child's name,

   c) Allegations, and

   d) The screening decision.

4. The identity of the reporter shall not be listed on this report.

K. Intake notifications to District Attorney General

1. The CPS case manager or team leader shall immediately provide verbal notice to the District Attorney of any report alleging severe physical injuries or sexual abuse. These notifications shall be documented in the TN Kids case recordings.

2. **EXCEPTION**: The local Child Protective Investigative Team (CPIT) may operate under signed formal agreements and/or protocols for an alternate method of providing such notification. The signatories to such agreements must include, at a minimum, the District Attorney, the head of the local law enforcement agency, and the Regional Administrator or his/her designee. Notation of this formal agreement shall be documented in TN Kids case recordings.

L. Response to reporter

1. For reports that have been assigned for investigation:

   a) The regional team leader or designee may inform the reporter of the investigative screening decision by letter, if the reporter chooses to receive a letter. Envelopes must be marked "**Confidential**".

   b) A copy of the informing letter shall be maintained in the child's case file.

   c) Non-professional reporters (neighbors, friend, relatives, etc.) must be notified within fifteen (15) working days of the screening decision.

   d) Professional/agency reporters shall be contacted as part of the investigation. This contact must be documented in the case narrative and shall serve to notify the professional/agency reporter that CPS has

initiated an investigation.

2. For reports that do not meet criteria for investigation:

   a) Central intake staff shall inform the reporter of the screening decision, if the reporter chooses to receive a letter. Envelopes must be marked "**Confidential**".

   b) If a report from a professional/agency reporter is not assigned, the team leader or designee shall inform the reporter of that decision within fifteen (15) working days of the screening decision. The team leader shall advise the reporter verbally, or by letter if one is requested.

   c) **Exception**: If the reporting agency also has investigative responsibilities, the agency must be informed of the screening decision on the same day the report is received by the field, if assigned by Central Intake, and by Central Intake if screened out for pilot regions. Such agencies include Law Enforcement, Education, Department of Mental Health and Developmental Disabilities, Department of Human Services and the DCS Licensing section.

Forms

CS-0680 Child Protective Services Intake (If TN KIDS is not available)

TN Kids CPS Intake Screen

Structured Decision Making Screening Criteria Assessment

Collateral Document

Structured Decision Making in Child Protective Services

Standards

Guiding Principle 1: DCS primary responsibilities are to prevent child maltreatment, promote child and family well being, and aid and prepare youthful offenders in becoming constructive members of their communities.

DCS Practice Model Standard – 5-100

DCS Practice Model Standard – 5-101

DCS Practice Model Standard – 11-100

DCS Practice Model Standard – 11-101

DCS Practice Model Standard – 11-102

DCS Practice Model Standard – 11-103

Glossary

Term	*Definition*
Caretaker:	Any relative or any other person living, visiting or working in the child's home or an employee or volunteer at an educational, recreational, medical, religious, therapeutic or other such setting where children are present, or any person in any care taking role with children, such as a babysitter.
Child Abuse Report:	A report of child abuse or neglect requiring a decision as to whether or not to initiate a CPS investigation.
Child Protective Investigation Team (CIPIT):	A multi-disciplinary team that conducts an investigation of alleged sexual abuse or other severe child abuse. A CPIT includes one DCS Case Manager, one representative from the District Attorney's office, one juvenile court officer or investigator from a court of competent jurisdiction, one properly trained law enforcement officer with county-wide jurisdiction from the county where the child resides or where the abuse/neglect occurred, and one representative from the mental health profession (optional).
CPS Intake:	The process that Central Intake staff follow in accepting oral or written complaints, referrals, reports or allegations of child abuse or neglect for possible investigation. This process involves the gathering of information to determine if the reported concerns meet the criteria for investigation and identifying the appropriate CPS response time.
CPS Screen-outs:	Child Protective services reports received from the community that do not meet the stated criteria for investigation. These reports are maintained by DCS and subsequent CPS intakes shall include a search of the screened out intakes as well as reports that were accepted for investigation.
Munchausen Syndrome by Proxy:	A psychiatric disorder where individuals, usually mothers, fabricate illnesses and symptoms that invariably lead to complex medical investigations, hospitalizations, and at times needless surgeries on their children.
Normal childhood sexual behavior:	Certain activities are developmentally appropriate at certain stages and not at others. For example: attempting to see or touch others' genitals is common for toddlers, but would not be considered acceptable or appropriate behavior for preteens. Most sexual behavior considered normal in childhood involves

periodic activity alone, or with similar age peers or siblings with no coercion, occurring within the cultural norms of society. Such activities may include:

- Playing “doctor” or “house”; mutual showing of body parts by peers;
- Occasional masturbation, no penetration;
- Imitating adult seduction such as flirting or kissing;
- “Dirty” words or jokes within cultural or peer group norm; and
- Conversations with peers about reproduction and genitals.

Report: A report of child abuse or neglect requiring a decision whether or not to initiate a CPS investigation.